

## Electronic Patent Application Fee Transmittal

<b>Application Number:</b>	10557524			
<b>Filing Date:</b>				
<b>Title of Invention:</b>	Hospital bed			
<b>First Named Inventor/Applicant Name:</b>	Hensley			
<b>Filer:</b>	Christine Elizabeth Orich.			
<b>Attorney Docket Number:</b>	8266-1261			
Filed as Large Entity				
<b>U.S. National Stage under 35 USC 371 Filing Fees</b>				
<b>Description</b>	<b>Fee Code</b>	<b>Quantity</b>	<b>Amount</b>	<b>Sub-Total in USD(\$)</b>
<b>Basic Filing:</b>				
<b>Pages:</b>				
<b>Claims:</b>				
<b>Miscellaneous-Filing:</b>				
Oath/decl > 30 months from priority date	1617	1	130	130
<b>Petition:</b>				
<b>Patent-Appeals-and-Interference:</b>				
Post-Allowance-and-Post-Issuance:				
<b>Extension-of-Time:</b>				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension - 1 month with \$0 paid	1251	1	120	120
Miscellaneous:				
Total in USD (\$)				250